

## (1) PLACE OF BIRTH

County of Aiken  
 Township of Rocky Spring  
 or  
 Inc. TOWN of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Breanna Fulmer

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 5, 1948  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaiah Alonza Fulmer

(9) PRESENT POSTOFFICE OF FATHER Beirum, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie L. Johnson

(15) PRESENT POSTOFFICE OF MOTHER Beirum, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:50 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Whillock M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kidwings Mills S.C.

Given name added from a supplemental report J.P.H.

19 1948  
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Oct 12 1948 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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RECEIVED BY THE REGISTRAR, NO. 1, THE OTHER, NO. 2, etc., in question 5.

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
36995

Registration District No. 216 Registered No. 53  
 (For use of Local Registrar)